| FAA Special Event Support Request Form                                                                                                                                            |                                                                                                                           |                                                                                                                   | 9/16/2005                     |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-------------------------------|--|
| A: Name of Organization:                                                                                                                                                          | B. Point of Contact (Name and Address):                                                                                   | C. Name of Event and Description:                                                                                 |                               |  |
| National Business Aviation Association                                                                                                                                            | Self-explanatory                                                                                                          | ANNUAL NBAA CONVENTION                                                                                            |                               |  |
| (NBAA)                                                                                                                                                                            | Phone:                                                                                                                    | NBAA is the primary representative<br>the Federal, state and local levels of<br>providing many ways for its Membe | cal levels of U.S. government |  |
|                                                                                                                                                                                   | POC contact phone number                                                                                                  | exchange information, including the & Convention, EBACE, LABACE, S and the Internet.                              | NBAA Annual Meeting           |  |
| D. Date of Event:                                                                                                                                                                 | E. Location of Event:                                                                                                     |                                                                                                                   |                               |  |
| 11/9/2005 thru 11/11/2005                                                                                                                                                         | Orlando Executive Airport (ORL), Orla                                                                                     | ndo Florida.                                                                                                      |                               |  |
| F. Description of FAA services necessa                                                                                                                                            | ry for Special Event:                                                                                                     |                                                                                                                   |                               |  |
| Weather Briefings: Provide meteorological and aeronautical information to pilots, flight crews and aviation personnel.                                                            |                                                                                                                           |                                                                                                                   |                               |  |
| Flight Data Services: Assist data processing/editing services for aircraft flight information, to include assistance in obtaining arrival/departure slots and flight plan filing. |                                                                                                                           |                                                                                                                   |                               |  |
|                                                                                                                                                                                   |                                                                                                                           |                                                                                                                   |                               |  |
| H: Provide description of past support (including event details – date, description, and any other details):  Tent space 2 ANALOG LINES 1 DSL to support AIS-R                    |                                                                                                                           |                                                                                                                   |                               |  |
|                                                                                                                                                                                   | I: Provide description of support you will provide hanger space, etc.):  Tent space 2 ANALOG LINES 1 DSL to support AIS-R | de in support of the event (include number of                                                                     | analog lines, tent space,     |  |
|                                                                                                                                                                                   | J: Provide description of support you can provide                                                                         | de (include number of analog lines, tent space                                                                    | , hanger space, etc.):        |  |
|                                                                                                                                                                                   | Hanger Space, etc<br>Telephone lines, etc.                                                                                |                                                                                                                   |                               |  |
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Date of Request:

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| FAA Special Event Support Request Form                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                              |  |
| A: Name of Organization:                                    | B. Point of Contact (Name and Address):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | C. Name of Event and Description:              | <u>,                                    </u> |  |
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| D. Date of Event:                                           | E. Location of Event:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                |                                              |  |
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| F. Description of FAA services necessary for Special Event: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                              |  |
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| G: Has this event been supported in                         | H: Provide description of past support (including event details – date, description, and any other details):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                |                                              |  |
| the past?                                                   | The state of the s |                                                |                                              |  |
| Yes $\square$ If yes, please fill box H & I                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                              |  |
| No  If no, please fill in box J                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                              |  |
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|                                                             | I: Provide description of support you will provide in support of the event (include number of analog lines, tent space, hanger space, etc.):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                |                                              |  |
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|                                                             | J: Provide description of support you can provi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | de (include number of analog lines, tent space | e, hanger space, etc.):                      |  |
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